

## TRAVEL EXPENSE CLAIM

See Instructions and Privacy  
Statement on Reverse Side

Page 1 of 1

STD 262 (REV 10/92)

CLAIMANT'S NAME

John Cruz  
POSITION

CB/ID NUMBER

SSAN OR EMPLOYEE NUMBER

DEPARTMENT

DIVISION OR BUREAU

INDEX NUMBER

Appointments Secretary  
RESIDENCE ADDRESS

HEADQUARTERS ADDRESS

TELEPHONE NUMBER

1350 Front Street, Suite 6054

CITY

STATE

ZIP

CITY

STATE

ZIP

San Diego

CA.

92101

MONTH/YEAR		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	COST OF TRANS.	TYPE USED	TRANSPORTATION		BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY	
DATE	TIME			BREAKFAST	LUNCH	DINNER				TOLLS, PARKING	PRIVATE CAR USE MILES AMOUNT			
1.19.10	7:00pm	OC to SAC	134.93	✓	7.85	18.00	✓	161.70	✓	40.00	✓	0.00	362.48	
1.20.10	All Day	SAC to LA to OC			10.00	✓	6.00	158.70	✓	140.55	✓	0.00	315.25	
1.26.10	All Day	OC to SAC	134.93	✓	10.00	✓		161.70	✓	40.00	✓	0.00	346.63	
1.27.10	8:00pm	SAC	134.93	✓	7.07	✓	6.00					0.00	148.00	
1.28.10	8:00pm	SAC to OC				10.64	✓	6.00	161.70	✓	87.00	✓	0.00	265.34
												0.00	0.00	
												0.00	0.00	
												0.00	0.00	
												0.00	0.00	
												0.00	0.00	
												0.00	0.00	
												0.00	0.00	
												0.00	0.00	
												0.00	0.00	
												0.00	0.00	
												0.00	0.00	
												0.00	0.00	
												0.00	0.00	
SUBTOTALS			404.79	0.00	34.92	28.64	18.00	643.80	0.00	307.55	0	0.00	0.00	
COLUMN CODE (ACCTG USE ONLY)														
CLAIM TOTAL														

#1431.70

-\$1,437.70

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

1.19.10-1.20.10- Staff meetings, Meetings with GAS appointees and potential appointees.

1.26.10-1.28.10- Sign time with GAS, Meetings with Staff, interviews.

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

MILEAGE RATE CLAIMED

0.445

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

240863

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754

pertaining  
CLA

DATE

2/1/10

SIGNATURE OF OFFICER

DATE

2/2/10

SIGNATURE

LE OF AUTHORITY FOR SPECIAL EXPENSES